No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1947
Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 16008
Registrar's No. 864

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 330 Weiss ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")
(d) Street No. 330 Weiss ave. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Elizabeth Waninger
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Joseph Waninger
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 30 (Day) 1875 (Year)

8. AGE: Years 72 | Months 0 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Hungary (State or foreign country) 4
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Paul Krettler
(b) Address 330 Weiss Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.
18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 S. Broadway
19. (a) 4-17-47 (Date received local registrar) (b) Cecil A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1947 hour 4 minute 10 P. M.
21. I hereby certify that I attended the deceased from Jan 10, 1946, to April 12, 1947
that I last saw her alive on April 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Hypertrophy and Dilatation
Due to: Cirrhosis of Liver
Due to: 124 lb
Other conditions ..... (Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature A. H. Peters (M. D. or other)
Address 4145 S Grand Date signed April 14/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 20 1947

Dr. A. W. Peters

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.